

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <u>10987</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing.	
Name <u>Eric D. Anderson</u>	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any	Name <u>U.U. Roofers, Waterproofers & Allied Workers</u> Labor Organization File Number <u>048170 Local 96</u>
Street <u>616 Putnam Drive</u>	P.O. Box, Building and Room Number, if any <u>Rm 456</u>
City <u>Eau Claire</u>	Street <u>312 Central Ave</u>
State <u>Wisconsin</u>	City <u>Minneapolis</u>
ZIP Code + 4 <u>54701</u>	State <u>MN</u>
ZIP Code + 4 <u>55414</u>	
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	
Name <u>N/A</u>	7.a. Nature of interest, Transaction, or Income.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	ZIP Code + 4
7.b. Amount.	<u>0</u>

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 8/13/05
Date

715 835 3753
Telephone Number

Name of Person Filing Eric Anderson		File Number U-
8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).		9. Business deals with:
Name <u>N/A</u>	Trade Name, If any: _____	<input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
P.O. Box, Bldg., Room No., if any _____	Street _____	
City _____	State _____ ZIP Code + 4 _____	
10. If 8.b. or 9.c. is checked give trust or employer's name.		
Name <u>N/A</u>	Trade Name, If any: _____	11.a. Nature of such dealing.
P.O. Box, Bldg., Room No., if any _____	Street _____	
City _____	State _____ ZIP Code + 4 _____	11.b. Approximate dollar value of such dealing.
12.a. Nature of interest held or income received.		
12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name <u>N/A</u>	Trade Name, If any: _____	
P.O. Box, Bldg., Room No., if any _____	Street _____	
City _____	State _____ ZIP Code + 4 _____	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?		14.b. Amount of payment.